PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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A TEMPERATE	

PRETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	of information unless if displays a valid OMB control number.  Docket Number (Optional)  449122073100						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/511,393	Filed	October 15, 2004					
For DEVICE FOR DETERMINING FUEL QUALITY AND CORRESPONDING METHOD							
Art Unit 3747	Examiner	T. M. Argenbright					
This is a request under the provisions of 37 CFR 1.136(a) to extend the identified application.  The requested extension and fee are as follows (check time period despite the content of	-						
Fee  X One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fe \$60	<u>se</u> \$ 120.00					
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$					
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$					
Four months (37 CFR 1.17(a)(4)) \$1590	\$795	\$					
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$					
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  03-1952    Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this							
submission ir I am the applicant/inventor.  assignee of record of the entire interest. See 3							
Statement under 37 CFR 3.73(b) is enclose attorney or agent of record. Registration Numb	d. (Form PTO/SB/9	96).					
attorney or agent under 37 CFR 1.34.  Registration number acting under 37 CFR 1.34	43,148	·					
A man And	Febr	ruary 6, 2006					
Signature		Date					
Kevin R. Spivak Typed or printed name		3) 760-7762 hone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1 forms are submitted.							

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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		Complete if Known								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				10/511,393						
FEE TRANSMITTAL		Filing Date	C	October 15, 2004						
1					Matthias WIESE					
For FY 20	<u>U5</u>	Examiner Name	Т	. M. Argenbri	ght					
Applicant claims small entity statu	Applicant claims small entity status. See 37 CFR 1.27		3	3747						
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	Attorney Docket	No. 4	449122073100						
METHOD OF PAYMENT (check a	METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP										
For the above-identified depo	sit account, the Director i	s hereby authorize	ed to: (check	( all that apply)						
x Charge fee(s) indicated	below	Charge	e fee(s) indi	cated below, e	xcept for the	filing fee				
Credit any overpayments										
fee(s) under 37 CFR 1.	16 and 1.17									
1. BASIC FILING, SEARCH, AND EX	AMINATION FEES									
·		ARCH FEES	EXAMINA	ATION FEES						
A collection Tour	Small Entity	Small Entity	F (#)	Small Entity	F D-	: d (e)				
Application Type Fee (\$)			Fee (\$)	Fee (\$)	Fees Pa	<u>ia (\$)</u>				
Utility 300	150 500		200	100						
Design 200	100 100		130	65		<del> </del>				
Plant 200	100 300		160	80						
Reissue 300	150 500	250	600	300						
Provisional 200	100 0	0	0	0						
2. EXCESS CLAIM FEES					. —	mall Entity Fee (\$)				
ree Description										
Each claim over 20 (including Reissu	•				50	25				
Each independent claim over 3 (inclu	iding Reissues)				200	100				
Multiple dependent claims					360	180				
Total Claims Extra Claims	Fee (\$) Fee				ependent Claims					
×			Fee	<del>) (\$)</del>	Fee Paid (\$)					
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)	-							
- = ×	=									
3. APPLICATION SIZE FEE		_								
If the specification and drawings ex	ceed 100 sheets of paper	r (excluding electi	ronically file	ed sequence or	computer					
listings under 37 CFR 1.52(e)), t				tity) for each a	idditional 50					
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 (round up to a whole number) x =										
4. OTHER FEE(S)  Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00										
SUBMITTED BY										
Signature	ature Registration No. (Attorney/Agent) 43,148 Telephone (703) 760-7762				-7762					
Name (Print/Type) Kevin R. Spivak	0			Date	February 6	, 2006				